

HGH (Human Growth Hormone) Profiles 2 by OrtPharmacy

The athlete simply has not taken a sufficient amount of STH regularly and over a long enough period of time. STH is a very expensive compound and an effective dosage is unaffordable by most people. When using STH the body also needs more thyroid hormones, insulin, corticosteroids, gonadotropins, estrogens and - what a surprise! - androgens and anabolics. This is also the reason why STH, when taken alone, is considerably less effective and can only reach its optimum effect by the additive intake of steroids, thyroid hormones, and insulin, in particular. But we must point out in this case that STH has a predominately anabolic effect. There are three hormones which are needed at the same time in order to allow for maximum anabolic effect. These are STH, insulin, and an L-T3 thyroid hormone, such as, for example, Cytomel. Only then can the liver produce and release an optimal amount of somatomedin and insulin-like growth factors. This anabolic effect can be further enhanced by taking a substance with an anticatabolic effect. These substances are---everybody should probably know by now---anabolic/ androgenic steroids or Clenbuterol. Then a synergetic effect takes place. Are you still wondering why pro bodybuilders are so incredibly massive but, at the same time, totally ripped while you are not? It is "Polypharmacy at its finest," as W Nathaniel Phillips described to the point in his book *Anabolic Reference Guide* (5th Issue, 1990). But coming back once more to the "anabolic formula": STH, insulin, and L-T3. Most athletes have tried STH during preparation for a competition in that phase when the diet is calorie-reduced. The body usually reacts by reducing the release of insulin and of the L- T3 thyroid hormone. And, as was described under point 2, this is not an advantageous condition when STH is expected to work well. Well, we almost forgot. Those who combine Clenbuterol with STH should know that Clenbuterol (like Ephedrine) reduces the body's own release of insulin and L-T3. True, this seems a little complicated and when reading it for the first time it might be a little confusing; however it really is true: STH has a significant influence on several hormones in the human body; this does not allow for a simple administration schedule. As said, STH is not cheap and those who intend to use it should know a little more about it. If you only want to burn fat with STH you will only have to remember user information for the part with the L-T3 thyroid hormone as is printed by Kabi Pharmacia GmbH for their compound Genotropin: "The need of the thyroid hormone often increases during treatment with growth hormones. " Since most athletes who want to use STH can only obtain it if prescribed by a physician, the only supply source remains the black market. And this is certainly another reason why some athletes might not have been very happy with the effect of the purchased compound. How could he, if cheap HCG was passed off as expensive STH? Since both compounds are available as dry substances, all that would be needed is a new label of Sero's Saizen or Lilly's Humatrope on the HCG ampule. It is no longer fun when somebody is paying \$200 for 5000 I.U. of HCG, only worth \$12, and thinking that he just purchased 4 I.U. of STH. And if you think this happens only to novices and to the ignorant, ask Ben Johnson. "Big Ben," who during three tests within five days showed an above-limit testosterone level, was not a victim of his own stupidity but more likely the victim of fraud. 'According to statistics by the German Drug Administration, 42% of the HGH vials confiscated on the North American black market are fakes." (Der Spiegel, no. 11, 1993.) One can only say, "Poor Ben." Even Deutsche Apothekerzeitung is aware of this problem. The magazine wrote in its issue no. 26 of 07/01/93 in the article "Wachstumshormon--Preparate: Arzneimittelfälschungen in Bodybuilder-Szene": "The currently known cases are traded with Dutch or Russian labels... in addition to a display of labels in the Dutch or Russian language the fakes are distinguished from the original product, insofar as the dry substance is not present as lyophilic but present as loose powder. The fakes confiscated so far use the name "Humatrope 16" under the name of Lilly Company (with Dutch denomination) or "Somatogen" (in Russian)." Nowhere can this much money be made except by faking STH. Who has ever held original growth hormones in his hand and known how they should look? In a few very rare cases the body reacts by developing antibodies to the exogenous STH, thus making it ineffective. Before discussing the extremely difficult matter of dosage and intake the following question suggests itself: Generally speaking who is taking growth hormones? A whole lot of athletes as the following quotation suggests: "Charlie Francis, the Canadian athletic trainer of Ben Johnson tells how he improved the performance of Ben and numerous other Olympic athletes by the use of growth hormones in 1983. Francis also had conclusive evidence that the U.S.-American field and track athletes were using growth hormones. In a 1989 interview with a pro bodybuilder, an interview not meant for publication, this massive athlete made clear that he was convinced that almost all professional top athletes were using Protropin. He also said that it did not bother him if the IFBB were to introduce doping tests for men in 1990 as long as there would be no testing for growth hormones (Anabolic Reference Update, June 1989, no. 11). "it is highly suspected that the top Ms. 0 competitors use this product to help them attain their incredibly rippled muscles while still looking like women." (Anabolic Reference Guide, 5th Issue, 1990, W N. Phillips.) Most top bodybuilders using Growth Hormone (GH) feel that insulin activates it. One top pro was rumored to have been using 12 I. U. of GH per day in preparation for his last WBF contest. He swears that GH only works with insulin." (Muscle Media 2000 ' October/ November 1993, no. 34.)" And shortly before the 1984 Olympic Games in Los Angeles, U.S. researchers succeeded in synthetically manufacturing the hormone. This hormone which cannot be detected with current testing methods immediately prepared American athletes throughout the country for the games in California. After reports of success the drug became the secret runner on the doping market. The football pro Lyle Alzado, who died of brain tumor, shortly before his death confessed that he had taken HGH for 16 weeks - and he claimed that 80% of all American football pros do so, too. Ben Johnson, who in 1988 in Seoul was caught with anabolics, admitted to the investigating committee of the Canadian government that he had tried the Growth Hormone. He had paid \$ 10,000 for ten bottles of HGH. According to Johnson, his physician, George Astaphan, had also designed programs for his colleagues Mark McKoy, Angella Issajenko, and Desai Williams. Hurdle sprinter Juli Rochelean who today runs records for Switzerland under the name Baumann procured HGH on the black market of the bodybuilder scene in Montreal... Among women Gail Devers won the 100 meters (1992 Olympic Games in Barcelona, the auth.) after having just overcome a severe thyroid condition, a well-known side effect of taking HGH. Such suspicions are reinforced by current market data. The two U.S. companies Genentech and Eli Lilly produced about 800 million dollars of HGH in 1992. Genentech alone reported an eleven percent production increase compared to last year. Chemists incessantly emphasize that the drug should only be manufactured for use by

persons with stunted growth. The U.S. Food and Drug Administration, however, sees it differently: the U.S. government currently includes HGH on the list of forbidden drugs and 'threatens up to five years of prison for illegal possession of the drug.' (Der Spiegel, no. 11 of 03/15/93). "Many of the top strength athletes use HGH and the cost of its use ran as high as \$30,000/year for one particular pro bodybuilder. Short term users (8 week duration) will spend up to \$150 per daily dosage. And because the top athletes are rumored to use it, HGH lust in the lower ranks has become more rampant." (Daniel Duchaine, Underground Steroid Handbook 2.)

The question of the right dosage, as well as the type and duration of application, is very difficult to answer. Since there is no scientific research showing how STH should be taken for performance improvement, we can only rely on empirical data, that is experimental values. The respective manufacturers indicate that in cases of hypophysially stunted growth due to lacking or insufficient release of growth hormones by the hypophysis, a weekly average dose of 0.3 I.U./week per pound of body weight should be taken. An athlete weighing 200 pounds, therefore, would have to inject 60 I.U. weekly. The dosage would be divided into three intramuscular injections of 20 I.U. each. Subcutaneous injections (under the skin) are another form of intake which, however, would have to be injected daily, usually 8 I.U. per day. Top athletes usually inject 4-16 I.U.-day. Ordinarily, daily subcutaneous injections are preferred. Since STH has a half-life time of less than one hour, it is not surprising that some athletes divide their daily dose into three or four subcutaneous injections of 2-4 I.U. each. Application of regular, small dosages seems to bring the most effective results. This also has its reasons: When STH is injected, serum concentration in the blood rises quickly, meaning that the effect is almost immediate. As we know, STH stimulates the liver to produce and release somatomedins and insulin-like growth factors which in turn effect the desired results in the body. Since the liver can only produce a limited amount of these substances, we doubt that larger STH injections will induce the liver to produce instantaneously a larger quantity of somatomedins and insulin-like growth factors. It seems more likely that the liver will react more favorably to smaller dosages.

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